



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST		int oloury)		
NAME(Last)	(First)	(Middle)	TELEPHONE	
RADCLIFFE	JOHN	H.	808-536-7557	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STRI	808-599-4340			
(City)	(State)	(Zip	(Zip Code)	
HONOLULU	HAWAII	96813-2453		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
CAPITOL CONSULTANTS OF	808/531-4551			
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STRE	808/533-4601			
(City)	(State)	(Zip	Code)	
HONOLULU	HAWAII	9681	96813-2453	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE 808-536-1100	
UNIDEV, LLC.			
MAILING ADDRESS (Street)	FAX		
1100 ALAKEA STREET, SUITE 50	0		
(City)	(State)	(Zip Code)	
HONOLULU	HI	96813	
NAME OF PERSON RESPONSIBLE FO	OR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 808-531-4551	
MELODY BUTAY DACANAY			
MAILING ADDRESS (Street)		FAX 808-533-4601	
222 SOUTH VINEYARD STREET,	SUITE 401		

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(City)	(State)	(Zip Cod	de)		
HONOLULU	н	96813-	2453		
PART III DESCRIPTION	OF SUBJECTS UPON WHIC	H VOIL EVECT TO LORBY			
TACL III DEGGAII HOIC	TOOLOGIC OF OR WINE	THOU EXPECT TO LOBBY			
[] Agriculture	[] Education	[] Human Services	[] Science, Technology & Economic Development		
[] Communications & Public Utilities	[] Government Operations & Finance	[X] Intergovernmental Relations, International Affairs	[] Tourism & Recreation		
[] Consumer Protection & Commerce	[] Hawaiian Affairs	[Labor & Employment	[] Transportation		
[] Culture, Arts, Historic Preservation	[] Health	[] Planning, Land & Water Use Management	[] Other: (indicate below)		
[] Ecology, Energy Environmental Protection	[X] Housing	[] Public Safety & Corrections			
	N OF LOBBYIST				
Thereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
	(Signature of Loobyist)		(Date)		
			(Date)		
PART V AUTHORIZATIO	N TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
JEFF MINTER	JEFF MINTER EXECUTIVE VICE PRESIDENT				
NAME OF ORGANIZATION (if applicable)			LEPHONE 808-536-1100		
UNIDEV, LLC					
MAILING ADDRESS (Street)		FA	×		
1100 ALAKEA STREET, SUITE 5	500				
(City)	(State)	(Zip Code	e)		
HONOLULU	н	96813			
I hereby authorize the a	above - named person to enga	ge in lobbying activities on beh	alf of the undersigned.		
(Signatu	ure of Authorizing Officer or Person F	Represented)	(Date)		
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